

DIVISION OF WORKERS COMPENSATION
 KANSAS DEPARTMENT OF HUMAN RESOURCES
 800 SW JACKSON ST STE 600
 TOPEKA KS 66612-1227
 Phone (785) 296-3441 Fax (785) 291-3430
 E-Mail workerscomp@hr.state.ks.us

Docket Number (if known): _____

Phone Number: _____

Employee: _____

Social Security Number: _____

Employer: _____

Insurance Carrier: _____

APPLICATION FOR PRELIMINARY HEARING

This is an application for preliminary hearing with regard to accident or occupational disease on: (date) _____

(the date should match the date on the Application for Hearing, Form E-1)

1. This form must be accompanied by a completed Application for Hearing, Form E-1, unless Form E-1 previously filed for this accident.
2. This form must be accompanied by a copy of the notice of intent required by K.S.A. 44-534a(a).
3. This form must be accompanied by the applicant's certification that the notice of intent was served on the adverse party and the requested benefit change was denied or not answered within seven days after service.
4. This form must be accompanied by copies of medical reports or other evidence which the party intends to produce as exhibits supporting the benefit change. (If no medical reports are available that fact should be noted in the applicant's certification.)
5. If the party is represented by an attorney, this form shall be signed by at least one attorney of record as required by K.S.A. 44-536a(a).
6. Are you interested in going through the Workers Compensation Mediation Process? ☐ Yes ☐ No

Applicant's Signature: _____

Address: _____

Signed this _____ day of _____, _____

DO NOT WRITE IN THIS SPACE

Attorney's Signature: _____

Attorney's Printed Name: _____

Address: _____

Telephone Number: (_____) _____

Kansas Supreme Court Number: _____

Federal Privacy Act Disclosure Section 7(a)(2)(B)

The mandatory requirement that social security numbers be included on forms filed with the Division of Workers Compensation is permitted by Section 7(a)(2)(B) of the Federal Privacy Act of 1974, since our regulations which require its disclosure were in existence before January 1, 1975. The number is used as a means of identifying all the various records in the Division of Workers Compensation pertaining to an individual.

The use of social security numbers is made necessary because of the large number of applicants who have similar names and birth dates, and whose identities can only be distinguished by the social security number.